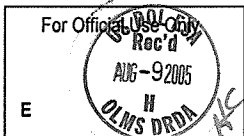


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4708</u>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Daniel F Aussem  P.O. Box, Bldg., Room No., if any  Street ** 1108 First Street  City La Salle  State Illinois ZIP Code + 4 61301	4. Name, file number, and address of labor organization.  Name * IRON WORKERS Local 386  Labor Organization File Number <u>013830</u>  P.O. Box, Building and Room Number, if any  Street ** 1108 First Street  City La Salle  State Illinois ZIP Code + 4 61301
5. Position in labor organization. *** Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name Area Erectors  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2323 Harrison Ave.  City Rockford  State Illinois ZIP Code + 4 61108	7.a. Nature of Interest, Transaction, or Income.  sent Holiday package of popcorn, candy & nuts December 2004  7.b. Amount.  \$50

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Daniel F Aussem</u>	On <u>8/4/2005</u> Date	<u>(815) 725-3731</u> Telephone Number

Name of Person Filing Daniel Aussem	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Segal Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 500</p> <p>Street 101 North Wacker Drive</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60606</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Ironworkers Tri-State Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2350 E. 170th Street</p> <p>City Lansing</p> <p>State Illinois ZIP Code + 4 60438</p>	<p>11.a. Nature of such dealing.</p> <p>Fund Consultant</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Hosted dinner while attending educational seminar sponsored by International Foundation of Employee Benefit Plans</p> <p>also provided tickets to sporting events</p>
	<p>12.b. Amount. \$600</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Daniel Aussem

File Number U-

Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name Blue Ridge Construction

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4004 North Becker Drive

City Bartonville

State Illinois ZIP Code + 4 61607

7.a. Nature of Interest, Transaction, or Income.

sent gift of steaks at Christmas Season 2004

7.b. Amount.

\$50

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Name of Person Filing Daniel Aussem	File Number U-
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Co-Merica Bank</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 616</p> <p>Street 2 Mid-America Plaza</p> <p>City Oak Brook Terrace</p> <p>State Illinois ZIP Code + 4 60181</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Ironworkers Mid-America Pension</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2350 E. 170th Street</p> <p>City Lansing</p> <p>State Illinois ZIP Code + 4 60438</p>	<p>11.a. Nature of such dealing.</p> <p>Custodian of records for Defined Contribution Pension Plan</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Hosted Holiday dinner at the winter meetings of the Iron Workers District Council of Chicago &amp; Vicinity</p> <p>12.b. Amount. \$170</p>

Name of Person Filing <b>Daniel Aussem</b>	File Number <b>U-</b>
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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Ironworkers Tri-State Welfare</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>2350 E. 170th Street</b></p> <p>City <b>Lansing</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>60438</b></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>Ironworkers Tri-State Welfare</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>2350 E. 170th Street</b></p> <p>City <b>Lansing</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>60438</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>Jointly managed Trust to provide Health &amp; Welfare benefits to participants of Tri-State Welfare</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><b>Reimbursement of travel expenses to educational seminars required by the Department of Labor and ERISA to meet fiduciary responsibilities. Also reimbursement of expenses associated with attendance at Board of Trustees meetings.</b></p> <hr/> <p>12.b. Amount. <span style="float: right;"><b>\$4,562</b></span></p>

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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Lehman Brothers Asset Management</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 200 South Wacker Drive</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60606</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Ironworkers Mid-America Pension</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2350 E. 170th Street</p> <p>City Lansing</p> <p>State Illinois ZIP Code + 4 60438</p>	<p>11.a. Nature of such dealing.</p> <p>Asset Manager for Pension Fund</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Hosted dinnner while in attendance at educational seminar sponsored by The International Foundation of Employee Benefits</p> <p>9,</p> <p>12.b. Amount. \$200</p>

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**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Blue Cross Blue Shield of Illinois</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 300 East Randolph Street</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60601</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Ironworkers Tri-State Welfare</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2350 E. 170th St</p> <p>City Lansing</p> <p>State Illinois ZIP Code + 4 60438</p>	<p>11.a. Nature of such dealing.</p> <p>provides access to medical providers discount network to the Health &amp; Welfare Fund</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Hosted dinner and golf following seminar</p> <hr/> <p>12.b. Amount. <span style="float: right;">\$180</span></p>